



1505 Astra Way • Arnold, MO • 63010

636-282-0175 Fax : 636-282-0185 www.sgarealtors.org

Date _____

Affiliate Membership Application (Company or Team)

Joining as a company or team includes a Main Affiliate membership and additional employees may join as Fellow Affiliates for an additional fee each with no application fee. Only dues-paying members may take part in the benefits of an Affiliate membership. After applying for Affiliate membership as a company or team, only the company or team name will be published where applicable, as provided by the Main Affiliate applicant. Individual names will not be advertised. Company or team membership does not transfer if a Main or Fellow Affiliate changes to a different company.

Company Name or Team Name as to be shown in advertising and sponsorship materials produced by SGAR: _____

Co/Team Website _____ Co/Team Main Phone _____

Main Business Name _____ Phone _____

Business Address _____
Street City State Zip

Mailing Address _____ Fax _____
P.O. Box City State Zip

Main Affiliate Name _____
First MI Last Nickname

Home Mailing Address _____
Street City State Zip

Birthday _____ Home Phone _____ Cell Phone _____

Email _____ Website _____

1. Have you been found in violation of state real estate licensing regulations, civil rights laws or other laws prohibiting unprofessional conduct rendered by the courts or other lawful authorities within the last three years? Yes No
If yes, provide details:

2. Within the last ten years, have you been: 1) convicted of a crime punishable by death or imprisonment in excess of one year or 2) been released from confinement imposed for that conviction? Yes No If yes, provide details:

3. Denied or refused membership in any other REALTOR® Board/Association? Yes No If yes, provide details:

4. Do you currently or in the past held membership previously in this or any other Board or Association of REALTORS®?
 Yes No If yes, name Board _____ Last year you were a member _____

5. Are you transferring a Supra key? Yes No If yes, please list Supra key number _____ Pin _____

Please see reverse.

FOR BOARD OFFICE USE

Updated 09/30/2019

Company NRDS _____	MAF NRDS _____	FAF NRDS _____
Amt Paid \$ _____ <input type="checkbox"/> Cash <input type="checkbox"/> CC# xx _____ <input type="checkbox"/> Ch# _____ <input type="checkbox"/> Supra <input type="checkbox"/> RAMCO <input type="checkbox"/> Online		

